

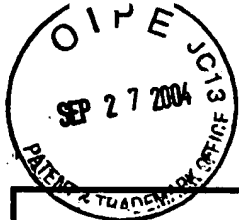
I FW
+

TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/643,799
		Filing Date	August 18, 2003
		First Named Inventor	Shao-Po Wu
		Group Art Unit Number	Not Yet Known
		Examiner Name	Not Yet Known
Total Number of Pages in This Submission	3	Attorney Docket Number	23875-09432 (APRI-P013)

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input checked="" type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated:	9/24/04

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:			
Typed or Printed Name:	Albert C. Smith	Dated:	9/24/04
Express Mail Mailing Number (optional):			



**REVOCATION OF POWER OF
ATTORNEY AND NEW POWER OF
ATTORNEY AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/643,799
Filing Date	August 18, 2003
First Named Inventor	Shao-Po Wu
Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	23875-09432 (APRI-P013)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and I hereby appoint:



Practitioners at Customer Number

00758

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address to, and associate the above-identified application with:



Practitioners at Customer Number

00758

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Shao-Po Wu

Title

CEO & CTO

Signature

Date

09/17/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.



**REVOCATION OF POWER OF
ATTORNEY AND NEW POWER OF
ATTORNEY AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/643,799
Filing Date	August 18, 2003
First Named Inventor	Shao-Po Wu
Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	23875-09432 (APRI-P013)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and I hereby appoint:



Practitioners at Customer Number

00758

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address to, and associate the above-identified application with:



Practitioners at Customer Number

00758

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Tsk-Tak Daniel Ho
Title	Vice President
Signature	
Date	9/17/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.